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JUN 6 2004

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034055 7590 04/08/2004

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Rena Iov

(Depositor's name)



(Signature)

May 26, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/774,282	01/29/2001	James M. Lipton	257019-54275.	2528

TITLE OF INVENTION: COMPOUNDS FOR TREATING FUNGAL PATHOLOGIES OF THE ORAL CAVITY

8010.US00

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/08/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
LANDSMAN, ROBERT S	1647		530-300000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael J. Wise

2 Perkins Coie LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Zengen, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Woodland Hills, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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 Issue Fee Publication Fee Advance Order - # of Copies 3

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2586 (enclose an extra copy of this form).

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06/03/2004 AWONDAF2 00000070 09774282

01 FC:2501	665.00	OP
02 FC:1504	300.00	OP
03 FC:8001	9.00	OP